

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**09 / 582838**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		1		
4	1		1			
5	1		1			
6	1		1			
7		3		1		
8	①			1		
9		1				
10				1		
11				1		
12				1		
13				1		
14				1		
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50						
TOTAL IND.	1		2			
TOTAL DEP.	10	→	14	←		
TOTAL CLAIMS	11	→	16	←		

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.				↓		
TOTAL DEP.			↓			
TOTAL CLAIMS			↓			

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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